		REQUE	ST FOR COPY	OF DEAT	Н	□F	ETAI	_ D	EATH	BIRTH RESULTING	N S	TILLBIF	RTH	
acco	WARNING: False application for a death certificate is a felony offence. Signature of applicant must be NOTARIZED (mail ONLY) or this form must be accompanied by a copy of a VALID GOVERNMENT ISSUED PICTURE I.D. which contains the applicant signature.													
Date			Enclosed \$	(amount) ir	n				(form o	f payment) for (numbe	er of co	opies)		
I. De	eced	lent (Pers	son on Certificate	1)								FOR C	FFIC	E USE
Name	Name of Deceased (First, Middle, Last)  Date of Death  Sex										ONLY			
Socia	ial Security Number Are Copies to be Used for If Yes, List Each Type of Claim									-				
Coola	. 0000									Otata Eila	Monates			
			I or Residence (City, Cou	US Gov't Claims?		Yes		No				State File	Numbe	Γ
Request)	Credit/Debit Card MC Visa Exp. Date								Exp. Date MM/Y	Υ	peu			
Applicant (Person Making F	dress	Your Si	gnature 🖒									or Affirmed		
	eturn Address	Your Name										Sworn to o		Expires
	ď										I '			
	t Plainly	(Town, Stat	e, Zip Code)									bed Me		Commission
II. Ap	Print	Relationship	o to Registrant (e.g. parei	nt, attorney, etc.)	Rea	ason for I	Reques	t		Phone Number (Required)		Subscribed Before Me	Day of	My Cor

## PARTICIPATING OFFICE LOCATIONS

Up to the first 30 days following the registration of a death record you should request certified copies by mail or in person from the county office in the county where the death occured. Starting 30 days after the registration of a death record, or if death occured in an Arizona county not listed below, you should request certified copies of a death record from the state office. Please note payment types accepted at office locations: Cash (C) - in person only, Money Order (MO), Personal Checks (PC), Credit Cards (CC), Debit Cards (DC).

Apache County Health Department	Cochise County Health Department	Coconino County Health Department				
75 W. Cleveland Street	1415 W. Melody Ln., Bldg. A	2500 N. Fort Valley Rd., Bldg. 3				
St. Johns, AZ 85936	Bisbee, AZ 85603	Flagstaff, AZ 86001				
(928)337-7525	(520)432-9400	(928)226-2715				
Serving the public on Wednesdays only	(C) (MO) (DC) (CC) (PC)	(C) (MO) (PC) (CC)				
from 8:00 a.m. to noon and 1:00 p.m. to 5:00 p.m.						
(MO) Only						
Graham County Health Department	Maricopa County	Navajo County Health Department				
826 W. Main	Office of Vital Registration	117 E. Buffalo St.				
Safford, AZ 85546	3221 N. 16th St., Suite 100	Holbrook, AZ 86025				
(928)428-0110	Phoenix, AZ 85016	(928)524-4750				
(C) (MO) (PC)	(602)506-6805	(C) (MO) (PC)				
	(C) (MO) (PC) (CC)					
	Mail to: PO Box 2111					
	Phoenix, AZ 85001					
Pima County Health Department	Pinal County Health Department	Yavapai County Health Department				
Vital Records Office	500 S. Central Ave.	1090 Commerce				
3950 S. Country Club Road Ste. 100	Florence, AZ 85232	Prescott, AZ 86305				
Tucson, AZ 85714	(520)866-7318 / (800)231-8499	(928)771-3125				
(520243-7930	(C) (MO) (PC)	(C) (MO) (PC)				
(C) (MO) (PC) (CC) (DC)	Mail to: PO Box 2945					
	Florence, AZ 85232					
Yuma County Health Services	State Office of Vital Records					
Vital Records Department	1818 W. Adams St.					
2200 W. 28th Street	Phoenix, AZ 85007					
Yuma, Az. 85364	(602)364-1300					
(928)317-4530	(C) (MO) (CC) (DC)					
( C) (MO)	<i>Mail to</i> : PO Box 3887					
	Phoenix, AZ 85030					